the DOTS Programme. It is envisaged to cover 1 more distict of Karnataka under the DOTS Programme in the current year.

(c) and (d) Yes, Sir. It is planned to establish microscopy cum DOT centers in medical colleges and one Medical Officer, one Senior TB Lab. Supervisor, one Lab Technician and one TB Health visitor will be appointed on contractual basis in each of such microscopy-cum-DOT centres.

(e) For the dissemination of information and spread of awareness regarding TB, IEC activities are decentralized and are taken up at the District level by the district TB Control Societies using various methods of communication. Fund are provided to the District TB Societies for this purpose.

Appointment of local chemists under CGHS

821. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the CGHS has introduced a scheme for its beneficiaries under which a chemist is authorized to issue medicines for patients of a number of dispensaries even though the chemist is located at a far-off place;

(b) whether under this scheme a patient has to go to that far-off chemist for obtaining medicines and thus putting the patient to inconvenience; and

(c) if so, whether Government would revise this scheme and authorize more chemists to supply medicines to CGHS beneficiaries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The CGHS for the past few years has been appointing authorised local chemists for supplying such medicines to the CGHS dispensaries which are not available in the stock of the dispensaries and this helps the beneficiaries in timely supply of the medicines. Fresh tenders were invited by the CGHS for appointment of local chemists and to avoid inconvenience to the beneficiaries. In the fresh tenders 4 to 5 CGHS

dispensaries have been clubbed together and were put in one zone/ Group. While appointing the authorised chemists, the following criteria were taken into account by the CGHS:—

1. Approachable distance from the dispensary to chemist shop.
2. No pending complaints against the chemist.
3. Availability of proper stock of medicines with the chemist.
4. Sound financial back-up of the chemists.
5. Maximum discount offered by the chemist as per terms and conditions under the rules.

(b) No, Sir. No inconvenience is caused to the beneficiaries under the existing system as the local chemist delivers the medicines in the dispensary against the local purchase indent. However, the beneficiaries may approach the chemist directly either in case of collecting the medicines against the authority slip during emergency or to get the reimbusement of the medicines purchased by the beneficiaries in respect of medicines which are not available with the chemist.

(c) In view of (a) and (b) above, the question does not arise.

Adverse male-female ratio

822. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether keeping in view the adverse male-female ratio revealed by recent Census, Government have decided to take stringent measures to check female foeticide in the country;

(b) the details of the proposed measures in this regard;

(c) the names of States where female foeticide has taken dangerous proportions; and

(d) when the amendments to Pre-Natal Diagnostic Technique Act is likely to be enacted to check female foeticide?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The provisional figures of Census 2001 reveal that the sex ratio in the country is 933 females per 1000 males in 2001 as compared to 927